

## APPLICATION FOR BIRTH CERTIFICATE

**WARNING: False application, altering, mutilating or counterfeiting Indiana Birth Certificates is a Criminal offense under ICV-16-1-19-G and IC 16-1-15-4.**

You **MUST** include or present the following with completed application:

1. Valid photo ID required (Copy driver's license, Military ID, Passport)
2. Payment: Cash, certified check, money order, credit card (No personal checks accepted.)
3. Stamped, self-addressed envelope (If you want the certificate(s) mailed to you.)

### Please Print Clearly

FULL NAME AT BIRTH: \_\_\_\_\_  
First Middle Last

DATE OF BIRTH: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_

MOTHERS FULL MAIDEN NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_  
Street City State Zip Code

EMAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_

YOUR RELATIONSHIP TO PERSON WHOSE BIRTH RECORD IS BEING REQUESTED:

\*\*\* Proof of relationship is required if you are requesting a certificate other than your own.

NUMBER OF BIRTH CERTIFICATES REQUESTED \_\_\_\_\_ @ \$15.00 each

**Warrick County Health Department  
107 W. Locust Street, Suite 204  
Boonville, IN 47601**

**Telephone: (812) 897-6105 Ext. 1 or 6**

**You can order by emailing application, copy valid photo of ID, and payment to [Lderr@warrickcounty.gov](mailto:Lderr@warrickcounty.gov) or call for instructions.**

### Visa – Master Card – Discover

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Three Digit Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*\*\* A \$3.00 convenience fee is added if Birth Certificate(s) charged to credit card.

\*\*\* For your protection, credit card information is shredded when transaction is complete.